SEP 0 7005 B PART B - FEE(S) TRANSMITTAL							
Complete and send to form, together with applicable fee(s), to: Mail				Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450			
	B. SE.	E	or Fax	(703) 746-4000	ginia 22313-1450		
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CHICAGO, IL 60601-6780				Tauna M. Billups (Depositor's name)			
				Jama W. Billips (Signature)			
				August 29		(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			ATTORNEY DOCKET NO.	CONFIRMATION NO.	
•	10/058,350 01/30/2002 Charles A. Garris				54265-301	5209	
TITLE OF INVENTION: SV	WITCHING SYSTEM FOR	PLURAL SIMME	R VOLTAGES				
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE PL	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	09/08/2005	
EXAMINER ART UNIT				ASS-SUBCLASS]		
WALBERG, TERESA J 3753				219-482000	•		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address for Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address for Change of Correspo							Deuren P.Cp
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment of the patent. If an assignment of the patent of the patent. If an assignment of the patent of							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 01 FC:1501 1400.00 DA Robertshaw Controls Company Richmond, Virginal: 1504 300.00 DA							
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the patent):	Individual 🚨 Co	orporation or other private gro	oup entity Government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-350 by charge the required fee(s) are extra copy of this form).							
Advance Older - # 01	Copies	·	Deposit Account Nur	nber 50-350 59 C	(enclose an extra c	opy of this form).	
	MALL ENTITY status. See 3	37 CFR 1.27.	☐ b. Applicant is no	longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
The Director of the USPTO i NOTE: The Issue Fee and Pu interest as shown by the reco	s requested to apply the Issublication Fee (if required) with the Issublication Fee (if required) with the Issublication Pater	ie Fee and Publicat vill not be accepted ent and Frademark	ion Fee (if any) or to a from anyone other the Office.	re-apply any previousl an the applicant; a regi	y paid issue fee to the applica istered attorney or agent; or the	tion identified above. ne assignee or other party in	
Authorized Signature	HAT 1	fem		Date <u>Au</u>	igust 29, 2005		
Typed or printed name // Jeffery J. Makeever Registration No. 37390							
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